

988

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>157</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>454</u>	
Town of _____		Local Registrar No. _____	
or _____	No. <u>_____</u>	St. _____	Ward _____
City of <u>Yuma</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Maria Herrera</u>	(If child is not yet named, make supplemental report, as directed.)		
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>July 11, 1923</u>	Month Day Year
8. FATHER	14. MOTHER		
Full name <u>Cuberto Herrera</u>	Full maiden name <u>Juana Masillas</u>		
9. Residence (Usual place of abode) <u>Adobe Hill, Miami, Arizona.</u>	15. Residence (Usual place of abode) <u>Adobe Hill, Miami, Arizona.</u>		
If nonresident, give place and state _____	If nonresident, give place and state _____		
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>23</u> (Years)	
11. Age at last birthday <u>23</u> (Years)			
12. Birthplace (city or place) <u>Mexico</u>	18. Birthplace (city or place) <u>Mexico</u>		
(State or country) _____	(State or country) _____		
13. Occupation <u>Miner</u>	19. Occupation <u>Housewife</u>		
Nature of industry <u>Copper</u>	Nature of industry _____		
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>0</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>2</u>
21. Were precautions taken against ophthalmia neonatorum? <u>Stillborn</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>2:00 P.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>R. L. Larsen</u> M. D.	
Address <u>Inspiration, Arizona.</u>		(Physician or midwife)	
Given name added from a supplemental report _____		Filed <u>July 31</u> 19 <u>23</u>	
Month, day, year.		Filed <u>8/3</u> 19 <u>23</u>	
Registrar.		County Registrar.	

481-711-142